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Depression, Substance Abuse, and Domestic Violence

**Little is Known About Co-Occurrence and
Combined Effects on Low-Income Families**

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The National Center for Children in Poverty identifies and promotes strategies that prevent child poverty in the United States and that improve the lives of low-income children and families.

Depression, Substance Abuse, and Domestic Violence: Little is Known About Co-Occurrence and Combined Effects on Low-Income Families

Depression, substance abuse, and domestic violence are often considered individual problems but, in fact, the societal costs of these issues are great. For the adults, it is reflected in lost productivity and in high health care costs. Either alone or in combination, these risk factors not only impair the ability to work, they also affect parenting processes, which can hinder children's development.

These problems increase the odds that children will enter school without the cognitive, social, and emotional skills and competencies they need to succeed, thus setting the stage for increased placement in special education, grade retention, and ultimately, school drop-out. This synthesis summarizes recent research results and finds a need for more information on two-generation approaches.

Introduction

Increasingly, research confirms the prevalence of depression, domestic violence, and substance abuse among low-income women, particularly those on welfare. These problems, which may occur either singly or in combination, can pose serious barriers to employment and threats to child well-being.

However, little is known about the extent to which these problems co-occur among low-income families and about their combined effect on children. Moreover, different treatment systems that address these problems are often not integrated. And, while these problems can be detrimental for child development, services for children are generally not linked with services for adults. This report summarizes recent research on these issues and offers recommendations for future research and policy initiatives.

Scope of the Problem

In studies examining domestic violence, women on welfare who report abuse have higher rates of depression and drug and alcohol use, particularly if the abuse has been recent, compared to those who report no abuse.¹ Recent findings from the Project on Devolution and Urban Change,² a longitudinal study to examine the implementation and effects of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 in four urban counties, also indicate that:

- Women who are at higher risk for depression are more likely to report drug use.
- Women who have been physically abused are at higher risk for depression.

These findings provide some evidence of the interconnections between these problems. Previous reviews of the literature by the Research Forum at the National Center for Children in Poverty described the prevalence and consequences of depression³ and domestic violence.⁴ A study from the Joint Center for Poverty Research provides a similar overview of substance abuse.⁵ Since these reports were issued, several new studies have produced results that reinforce the findings (see Box 1). Importantly, some of these studies have considered the consequences of depression, domestic violence, and substance abuse—and their co-occurrence—for parenting practices and child well-being.

BOX 1:**Rates of Depression,
Domestic Violence,
and Substance Abuse**

Prevalence estimates of depression, domestic violence, and substance abuse vary widely due in part to different measurements, sites studied, study designs, and populations included. Below are rates of each condition in ranges to reflect the different results found in the literature and to illustrate the scope of the problems.

Depression

Studies that have used measures of Major Depressive Disorder (MDD) and depressive symptoms among women on welfare find that:

- Twelve-month prevalence rates of MDD range from 12 percent to 36 percent.*
- High levels of depressive symptoms exist in 25 percent to 57 percent of the women.**

Domestic Violence

Studies of women on welfare find:***

- Rates of recent or current physical abuse range from 8.5 percent to 41.4 percent.
- Lifetime prevalence rates of domestic violence range from 28 percent to 63 percent.

Substance Abuse

Most data on drug use are based on self-reports that may be inaccurate due to underreporting:****

- Estimates of current substance use among those receiving welfare range from 6 percent to 37 percent.
- Nationally representative data indicate that fewer than 20 percent of welfare recipients use illicit drugs in a given year.

Sources:

* These studies used the Composite International Diagnostic Interview (CIDI; Andrews, G.; & Peters, L. (1998). The psychometric properties of the Composite International Diagnostic Interview. *Social Psychiatry and Psychiatric Epidemiology*, 33, pp. 80-88), an interview tool that allows researchers to evaluate specific symptoms, based on criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, to determine a psychiatric diagnosis. Major depression is one of many diagnoses that can be made.

** These evaluations used the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, L.S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, pp. 385-401) to assess depressive symptoms. The CES-D is a self-report 20-item check list that requires individuals to report on the number and duration of their depressive symptoms. This is not a diagnostic tool and results cannot be equated with those of the CIDI. The CES-D describes the level of symptoms, while the CIDI produces specific psychiatric diagnoses.

*** The Conflict Tactics Scale (Straus, M. A. (1979). Measuring intrafamily conflict and violence: The Conflict Tactics (CT) Scales. *Journal of Marriage and the Family*, 41(1), pp. 75-88) is the most commonly used instrument to measure physical violence between intimate partners. However, studies may use different items on the scale to measure abuse that can lead to variation in results. In addition, while physical violence rates tend to be most commonly measured and comparable across studies, other types of abuse such as verbal, sexual, psychological, or economic abuse are not always measured.

**** Pollack, H. A.; Danziger, S.; Seefeldt, K. S.; & Jayakody, R. (2002). *Substance use among welfare recipients: Trends and policy responses*. (JCPR Working Paper 278). Chicago, IL: Joint Center for Poverty Research, Northwestern University/University of Chicago < www.jcpr.org/wpfiles/pollack_danziger_jayakody_seefeldt_SRI2001.pdf>.

Effects on Parenting and Children's Development

While researchers have studied how depression, domestic violence, and substance abuse separately affect parenting and child well-being,⁶ there is little research on the combined impact of these problems on low-income families. Several recent studies provide some insight.

The CalWORKS Project

The CalWORKS project, based at the California Institute for Mental Health, recently released a report on TANF families suffering from alcohol or other drug issues, mental health problems, and domestic violence in Kern and Stanislaus counties.⁷ The report highlighted a statistically significant association between a mother's substance abuse, mental health, and domestic violence problems and parent frustration, as well as lack of social support.

The CalWORKS findings also indicate that children (aged 6 and under) in families who are identified as having all three problems are at two to five times greater risk for:

- Homelessness
- Use of food banks
- Lack of needed medical care
- Unreliable or unsafe child care
- Placement in foster care by child welfare services

Moreover, mothers of children (aged 7–11) in families with any of these conditions reported more negative behavior than those in families without the conditions, particularly when mothers had mental health problems. Mothers of older children (aged 12–17) rated their children's behavior more negatively when they (the mothers) experienced all three problems.

Women's Employment Study

The Women's Employment Study examines the effect of welfare to work transitions on parenting and child behavior through a longitudinal survey of former and current welfare recipients in Michigan from 1997 to 1999. Recently released findings reveal that any mental health condition was associated with an increase in parental stress.⁸

Looking at children's behavior, the study found that maternal mental health problems and drug use were associated with an increase in internalizing and externalizing behavior problems in children aged 2 to 12. However, there was no statistically significant association between domestic violence and child behavior problems in this study.

Early Head Start Study of Fathers of Newborns

One of the only recent studies to look at fathers' mental health, the Early Head Start Study⁹ found that fathers (of newborns) who were at risk for depression were:

- Less involved with their children.

- Spent less time alone with their children.
- Engaged in fewer activities with their children.
- Performed less caregiving activities.

Interventions That Help Children and Parents

Early Head Start

It is possible for interventions to improve parenting and child development. The Early Head Start program (see Box 2) was designed as a two-generation program to promote child development from birth to age 3, strengthen families, and support service delivery to low-income families. Findings from the random-assignment evaluation reveal improvements in parenting among women suffering from depressive symptoms (measured using the CES-D Scale) when they enrolled, although the program did not significantly reduce depressive symptoms or increase use of mental health services.¹⁰ These improvements include:

- Increase in parents' supportiveness during play.
- Decrease in detachment during parent-child play.
- Decrease in spanking and reduced severity of discipline.

Early Head Start also seems to have a favorable impact on the socio-emotional behavior of children whose mothers are at risk for depression. Three-year-olds:

- Were more engaged in play with their parents.
- Had greater sustained attention with objects during play.
- Exhibited less negativity towards their parents during play.

Projects That Provide Work Supports

Research demonstrates that work supports that increase employment and income can have positive effects on parenting and child well-being.¹¹ However, work supports alone are not sufficient to help families overcome mental health, substance abuse, and domestic violence problems. A study synthesizing findings from the Minnesota Family Investment Program and New Hope demonstration found that for the very hardest-to-employ groups, increases in employment and income were associated with increases in maternal depression (the study did not measure domestic violence and substance abuse).¹² What are needed are interventions that provide treatment services in addition to addressing barriers to employment. Two current interventions help vulnerable families obtain stable employment with opportunities for advancement—the Employment Retention and Advancement Project (ERA) and the Enhanced Services for the Hard-To-Employ Project. Results from these projects could provide policymakers and program administrators with insight into the types of integrated service delivery strategies that are most effective in helping vulnerable families access treatment services and obtain long-term employment.

Employment Retention and Advancement

Sponsored by the Administration for Children and Families in the U.S. Department of Health and Human Services and conducted by MDRC, the Employment Retention and Advancement evaluation examines what promotes both stable employment and career progression for welfare recipients and other low-income workers. Fifteen ERA demonstration projects are operating or under development. Four of these target vulnerable populations or “hard-to-employ” groups, those with mental health, substance abuse, and domestic violence problems that have had difficulty finding or holding jobs. Intensive case management will be used to identify the problem and provide treatment. Once participants make progress in treatment, they will be referred to employment services. The four hard-to-employ sites are:

- New York: The Personal Roads for Individual Development and Employment Program (PRIDE)—targets those with physical or mental health problems.
- New York: The Substance Abuse Case Management Program—targets those with substance abuse problems who may also experience domestic violence, mental health, and child welfare problems.
- Oregon: The Careers Builders Program—targets welfare cyclers. Individuals will receive referrals for mental health and substance abuse services if necessary.
- South Carolina: The Moving Up Program—targets those that have exited welfare but remain below 250 percent of the poverty level. A collection of services will be offered including mental health and substance abuse treatment

Findings will be available in fall 2004.¹³ While these evaluations are likely to provide useful information on ways to address barriers to employment for vulnerable families, most of them do not integrate specific services and programs for children nor include assessments of the children.

Enhanced Services for the Hard-to-Employ

The Hard-to-Employ demonstration, sponsored by the Administration for Children and Families, and the Office of the Assistant Secretary for Planning and Evaluation of the U.S. Department of Health and Human Services, and the U.S. Department Labor, is being conducted by MDRC to evaluate a variety of innovative ways to increase employment, reduce welfare receipt, and promote well-being among vulnerable populations. The six sites in the demonstration are: Maine, Pennsylvania, Wisconsin, Rhode Island, Kansas/Missouri, and New York.

Several approaches will be employed:

- Supported work, in which people are given subsidized jobs.
- Combined mental health treatment and employment services.
- Improved identification of individuals with serious employment barriers.
- A two-generation intervention.

The two-generation component will be the Early Head Start (EHS) programs in Kansas and Missouri. The current EHS program (see Box 2) will be enhanced by increased recruitment

of high-risk families and improvement of employment services. The evaluation will assess the effects of the enhanced EHS program on children's social and cognitive behavior and on parenting as well as parental employment.¹⁴

Box 2:
Early Head Start

In 1995, the Administration for Children, Youth and Families (ACYF) of the U.S. Department of Health and Human Services designed Early Head Start as a two-generation program. Currently, the program operates in 664 communities and serves about 55,000 children. The programs are designed to impact four domains:

- Children's development—health, cognitive and social development, and resiliency.
- Family development—parenting, family functioning, and economic self-sufficiency.
- Staff development—professional development and interactions with parents.
- Community development—improved child care quality and integration of services for families with children.

Early Head Start program services include:

- Early education
- Parenting education
- Comprehensive health, including pre- and post-natal care, and mental health services
- Nutrition education
- Family support

The programs are categorized as either:

- Center-based—all services provided through center-based child care and education supplemented by home visits
- Home-based—services provided through weekly home visits and bimonthly group socialization activities
- Mixed approach—diverse groups of programs provided by a mix of center and home-based services

Early Head Start Research and Evaluation Project

The Early Head Start Research and Evaluation Project is a large-scale random assignment evaluation of the Early Head Start program.

Key findings include:

- Children performed better on cognitive, social-emotional, and language development indicators.
- Parents were less punitive and more supportive.
- Parents were more likely to participate in education and job training activities.
- Fathers had more positive interactions with their children.
- Programs that fully implemented performance standards early on had greater impacts.
- A mixed approach for service delivery had larger impacts on parents and children.

For more information on the Early Head Start Research and Evaluation Project go to:
www.acf.hhs.gov/programs/core/ongoing_research/ehs/ehs_intro.html

For additional research on child care and early education issues go to:
www.childcareresearch.org and www.nccp.org

Research Implications

Low-income families exposed to issues of depression, domestic violence, and substance abuse are a particularly vulnerable population. While research has begun to address the co-occurrence of these problems and their effects on children, more research is needed to determine:

- The interrelationships among these problems and their prevalence in low-income families compared to the broader population.
- How co-occurrence of these problems affects children of varying ages.
- The kinds of interventions that can improve parent-child relationships and children's development in the face of one or all of these problems.
- The effects of employment interventions on parenting and child well-being. For example, current research initiatives such as the ERA and the Hard-to-Employ demonstration would be greatly enhanced by the inclusion of child development measures.

Because these problems tend to affect parenting, two-generation approaches seem especially critical. Although research with randomized controls is only now beginning, there is evidence that two-generation interventions work, even for the most vulnerable.¹⁵ Further research is needed to determine:

- The effectiveness of two-generation strategies in families with co-occurring depression, substance abuse, and domestic violence problems.
- The optimal settings for interventions (e.g., schools, pediatricians offices, child welfare services, welfare offices).
- The most effective way to link services for children and parents.

Policy Implications

There are several states that have succeeded in implementing integrated service systems, and there is an interest in evaluating the effectiveness of these models.¹⁶ While rigorous evaluations of these initiatives will provide valuable lessons for future efforts, the majority of existing integrated service models fail to incorporate services for children along with welfare and workforce development services for adults.

However, there is growing interest in cross-systems integration within and across human services programs and welfare systems. A recent analysis by the Center for Law and Social Policy reveals a great deal of flexibility in federal law, funding, and eligibility requirements to provide these families with a wide range of comprehensive services. The barriers that do exist relate to federal confidentiality provisions, complex cost allocation rules, and the involvement of multiple agencies and levels of government. But states and localities could work through these barriers to develop integrated child and family service models.¹⁷

The El Paso County Department of Human Services in Colorado is an example of a successful effort to integrate TANF and child welfare agencies to provide a coordinated response for families served by both systems. The goal here is to prevent poverty and family violence by

providing a holistic approach to the needs of vulnerable children and families.¹⁸ There is a need to develop and test similar integrated systems that link early childhood services with treatment and workforce services for hard-to-serve adults.

Conclusion

Depression, domestic violence, and substance abuse have deleterious effects on both parents and children. These problems affect parenting and serve as barriers to employment, which in turn limit the social and cognitive development of children. While more attention is now focused on vulnerable populations, there is still inadequate attention to interventions that specifically address children in these families. What are critically needed are two-generation strategies that address both the needs of adults and children simultaneously and address the co-occurrence of these issues among vulnerable families.

Endnotes

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